

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 588170

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5	1		1			
6	①		1			
7	①		1			
8	①		1			
9	①		1			
10	①		1			
11	①		1			
12	①		1			
13	①		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
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43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	23	←	31	←		←
TOTAL CLAIMS	28		36			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.			←		←	←
TOTAL CLAIMS						